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CONFIRMATION NO. 9906

<b>SERIAL NUMBER</b> 10/789,247	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 07917-190001 / UMMC 03-30	
<b>APPLICANTS</b> Shan Lu, Franklin, MA; Siyuan Shen, Worcester, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,818 02/27/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/12/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26161					
<b>TITLE</b> Compositions and methods for cytomegalovirus treatment					
<b>FILING FEE RECEIVED</b> 549	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		